

FORM 3 - FACILITIES WHICH DISCHARGE PROCESS WASTEWATER – EXISTING SOURCES

I. Sources of Pollution
For each outfall, provide a description of: (1) all operations contributing wastewater to the discharge including process wastewater, cooling water, stormwater, etc., (2) the monthly average and daily maximum flow contributed by each operation, (3) the frequency and duration of the discharge from each operation except stormwater, (4) the stream that receives the discharge.

Outfall No.	Operation	Flow		Frequency		Duration (in days)
		avg	max	days/week	months/year	
Receiving Stream Name:						
Receiving Stream Name:						
Receiving Stream Name:						

Facility Name:									Outfall Number:					
V. EFFLUENT CHARACTERISTICS														
Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details														
1. POLLUTANT			3. EFFLUENT						4. UNITS (specify if blank)		5. CERTIFIED LABORATORY NUMBER			
			MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE (if available)		LONG TERM AVG. VALUE (if available)						NO. OF ANALYSES	
			Concentration	Mass	Concentration	Mass	Concentration	Mass	Concentration	Mass				
a. Biochemical Oxygen Demand (BOD)														
b. Chemical Oxygen Demand (COD)														
c. Total Organic Carbon (TOC)														
d. Total Suspended Solids (TSS)														
e. Ammonia (as N)														
f. Flow											MILLION GALLONS PER DAY			
g. Temperature (October - March)											DEGREES FARENHEIT			
h. Temperature (April – September)											DEGREES FARENHEIT			
i. pH			Minimum	Maximum	Minimum	Maximum					STANDARD UNITS			
Part B – Mark "X" in Column 2A for each pollutant you know or have reason to believe is present. Mark "X" in Column 2B for each pollutant you believe to be absent. You must mark believed present for any pollutant limited either directly, or indirectly but expressly, in an effluent limitations guideline and you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark "Believed Present", you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See instructions for additional details and requirements.														
1. POLLUTANT			2. MARK "X"		3. EFFLUENT						4. UNITS (specify if blank)		5. CERTIFIED LABORATORY NUMBER	
			Believed Present	Believed Absent	MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE (if available)		LONG TERM AVG. VALUE (if available)					
					Concentration	Mass	Concentration	Mass	Concentration	Mass	Concentration	Mass		
a. Bromide			<input type="checkbox"/>	<input type="checkbox"/>										
b. Chlorine, Total Residual			<input type="checkbox"/>	<input type="checkbox"/>										
c. Color			<input type="checkbox"/>	<input type="checkbox"/>										
d. Escherichia coli (E. coli)			<input type="checkbox"/>	<input type="checkbox"/>										
e. Fluoride			<input type="checkbox"/>	<input type="checkbox"/>										
f. Nitrate-Nitrite (as N)			<input type="checkbox"/>	<input type="checkbox"/>										

Facility Name:										Outfall Number:			
1. POLLUTANT	2. MARK "X"		3. EFFLUENT						4. UNITS <i>(specify if blank)</i>	5. CERTIFIED LABORATORY NUMBER			
	Believed Present	Believed Absent	MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE <i>(if available)</i>		LONG TERM AVG. VALUE <i>(if available)</i>				NO. OF ANALYSES		
			Concentration	Mass	Concentration	Mass	Concentration	Mass					
g. Nitrogen Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>											
h. Oil and Grease	<input type="checkbox"/>	<input type="checkbox"/>											
i. Phosphorus, Total (as P)	<input type="checkbox"/>	<input type="checkbox"/>											
j. RADIOACTIVITY													
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>											
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>											
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>											
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>											
k. Sulfate (as SO4)	<input type="checkbox"/>	<input type="checkbox"/>											
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>											
m. Sulfite (as SO3)	<input type="checkbox"/>	<input type="checkbox"/>											
n. Surfactants	<input type="checkbox"/>	<input type="checkbox"/>											
o. Aluminum, Total	<input type="checkbox"/>	<input type="checkbox"/>											
p. Barium, Total	<input type="checkbox"/>	<input type="checkbox"/>											
q. Boron, Total	<input type="checkbox"/>	<input type="checkbox"/>											
r. Cobalt, Total	<input type="checkbox"/>	<input type="checkbox"/>											
s. Iron, Total	<input type="checkbox"/>	<input type="checkbox"/>											
t. Magnesium, Total	<input type="checkbox"/>	<input type="checkbox"/>											
u. Molybdenum, Total	<input type="checkbox"/>	<input type="checkbox"/>											
v. Manganese, Total	<input type="checkbox"/>	<input type="checkbox"/>											
w. Tin, Total	<input type="checkbox"/>	<input type="checkbox"/>											
x. Titanium, Total	<input type="checkbox"/>	<input type="checkbox"/>											

Facility Name:										Outfall Number:			
<p>Part C – If you are an industry listed in Table 1 of the instructions, and this outfall contains process wastewater, refer to Table 1 in the instructions to determine which of the GC/MS fractions you must test for. Mark “X” in Column 2(a) for all such GC/MS fractions that apply to your industry and for all metals, cyanide, and total phenols. If you are not required to mark column 2(a) (other industries, nonprocess wastewater outfalls, nonrequired GC/MS fractions), mark “X” in column 2(b) for each pollutant you know or have reason to believe is present. Mark “X” in column 2(c) for each pollutant you believe is absent. If you mark column 2(a) for any pollutant you must provide the results of at least one analysis for that pollutant. If you mark column 2(b) for any pollutant you must provide the results if you know or have reason to believe it will be discharged in concentrations of 10 ppb (µg/l) or greater. If you mark column 2(b) for acrolein, acrylonitrile, 2,4-dinitrophenol or 2-methyl, 4,6-dinitrophenol, you must provide the results of at least one analysis for each of these pollutqnts which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you marked column 2(b) you must either submit at least one analysis or briefly describe the reasons the pollutant is not expected to be discharged. Note that there are seven (7) pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.</p>													
1. POLLUTANT	3. EFFLUENT								NO. O ANALYSES	4. UNITS <i>(specify if blank)</i>		5. CERTIFIED LABORATORY NUMBER	
	2. MARK "X"			MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVG. VALUE					
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT			<i>(if available)</i>		<i>(if available)</i>					
				Concentration	Mass	Concentration	Mass			Concentration	Mass		
METALS, CYANIDE, AND TOTAL PHENOLS													
1M. Antimony, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
2M. Arsenic, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
3M. Beryllium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
4M. Cadmium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
5M. Chromium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
6M. Copper, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
7M. Lead, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
8M. Mercury, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
9M. Nickel, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
10M. Selenium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
11M. Silver, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
12M. Thallium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
13M. Zinc, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
14M. Cyanide, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
DIOXIN													
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DESCRIBE RESULTS									

Facility Name:										Outfall Number:			
1. POLLUTANT	2. MARK "X"			3. EFFLUENT						NO. OF ANALYSES	4. UNITS <i>(specify if blank)</i>		5. CERTIFIED LABORATORY NUMBER
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE <i>(if available)</i>		LONG TERM AVG. VALUE <i>(if available)</i>			Concentration	Mass	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				
GC/MS FRACTION – VOLATILE ORGANICS													
1V. Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
2V. Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
3V. Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
4V. Bromoform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
5V. Carbon Tetrachloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
6V. Chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
7V. Chlorodi-bromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
8V. Chloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
9V. 2-Chloro-ethylvinyl Ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
10V. Chloroform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
11V. Dichloro-bromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
12V. 1,1-Dichloro-ethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
13V. 1,2-Dichloro-ethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
14V. 1,1-Dichloro-ethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
15V. 1,2-Dichloro propane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
16V. 1,3-Dichloro-propylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
17V. Ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
18V. Methyl Bromide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
19V. Methyl Chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
20V. Methylene Chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
21V. 1,1,2,2 Tetrachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

Facility Name:										Outfall Number:			
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	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE <i>(if available)</i>		LONG TERM AVG. VALUE <i>(if available)</i>			Concentration	Mass	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				
22V. Tetrachloro-ethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
23V. Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
24V. 1,2-Trans-Dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
25V. 1,1,1-Tri-chloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
26V. 1,1,2-Tri-chloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
27V. Trichloro-ethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
28V. Vinyl Chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
GC/MS FRACTION - ACID COMPOUNDS													
1A. 2-Chlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
2A. 2,4-Dichloro-pheno	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
3A. 2,4-Dimethyl-phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
4A. 4,6-Dinitro-O-Cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
5A. 2,4-Dinitro-phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
6A. 2-Nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
8A. P-Chloro-M-Cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
9A. Pentachloro-phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
10A. Phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
11A. 2,4,6-Tri-chlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS													
1B. Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
2B. Acenaphtylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
3B. Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

Facility Name:										Outfall Number:			
1. POLLUTANT	2. MARK "X"			3. EFFLUENT						NO. OF ANALYSES	4. UNITS <i>(specify if blank)</i>		5. CERTIFIED LABORATORY NUMBER
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE <i>(if available)</i>		LONG TERM AVG. VALUE <i>(if available)</i>			Concentration	Mass	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS													
4B. Benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
5B. Benzo (a) Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
6B. Benzo (a) Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
7B. 3,4-Benzo-fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
8B. Benzo (ghi) Perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
9B. Benzo (k) Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
10B. Bis (2-Chloro-ethoxy) Methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
11B. Bis (2-Chloro Ethyl Ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
12B. Bis (2-Chloroisopropyl) Ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
13B. Bis (2-ethyl-hexyl) Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
14B. 4-Bromo- phenyl Phenyl Ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
15B. Butyl Benzyl Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
16B. 2-Chloro-naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
17B. 4-Chloro- phenyl Phenyl Ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
18B. Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
19B. Dibenzo (a,h) Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
20B. 1,2-Dichloro benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
21B. 1,3-Dichloro-benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
22B. 1,4-Dichloro-benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
23B. 3,3'-Dichloro benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
24B. Diethyl Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
25B. Dimethyl Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

Facility Name:										Outfall Number:			
1. POLLUTANT	2. MARK "X"			3. EFFLUENT						NO. OF ANALYSES	4. UNITS <i>(specify if blank)</i>		5. CERTIFIED LABORATORY NUMBER
	a. TESTING	b. BELIEVED	c. BELIEVED	MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVG. VALUE			Concentration	Mass	
	REQUIRED	PRESENT	ABSENT	Concentration	Mass	Concentration	Mass	Concentration	Mass				
26B. Di-N-Butyl Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
27B. 2,4-Dinitro-toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
28B. 2,6-Dinitro-toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
29B. Di-N-Octyl Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
30B. 1,2-Diphenyl-hydrazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
31B. Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
32B. Fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
33B. Hexachloro-benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
34B. Hexachloro-butadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
35B. Hexachloro-cyclopentadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
36B. Hexachloro-ethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
37B. Indeno- (1,2,3-cd) Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
38B. Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
39B. Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
40B. Nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
41B. N-Nitro-sodimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
42B. N -Nitrosodi- N-Propylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
43B. N-Nitro-sodiphenylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
44B. Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
45B. Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
46B. 1,2,4-Tri-chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

Facility Name:										Outfall Number:			
1. POLLUTANT	2. MARK "X"			3. EFFLUENT						NO. OF ANALYSES	4. UNITS <i>(specify if blank)</i>		5. CERTIFIED LABORATORY NUMBER
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE <i>(if available)</i>		LONG TERM AVG. VALUE <i>(if available)</i>			Concentration	Mass	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				
GC/MS FRACTION - PESTICIDES													
1P. Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
7P. 4,4'-DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
8P. 4,4'-DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
9P. 4,4'-DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
10P. Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
11P. Alpha-Endosulfan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
12P. Beta-Endosulfan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
13P. Endosulfan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
14. Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
15P. Endrin Aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
16P. Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
17P. Heptachlor Epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
18P. PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
19P. PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
20P. PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
21P. PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
22P. PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
23P. PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
24P. PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
25P. Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

DO NOT SUBMIT THESE PAGES – FOR APPLICANT USE ONLY
FORM 3 – INSTRUCTIONS
FACILITIES THAT DISCHARGE PROCESS WASTEWATER – EXISTING SOURCES

Item I

List all sources of wastewater discharged through each outfall. Operations may be described in general terms (for example, "dye-making reactor" or "distillation tower"). You may estimate the flow contributed by each source if no data are available. For storm water discharges you may estimate the average flow, but you must indicate the rainfall event upon which the estimate is based and the method of estimation.

Item IIA

All effluent guidelines promulgated by EPA appear in the Federal Register and are published annually in 40 CFR Subchapter N. A guideline applies to you if you have any operations contributing **process** wastewater in any subcategory covered by a BPT, BCT, NSPS, or BAT guideline. You must check "yes" if an applicable effluent guideline has been promulgated, even if the guideline limitations are being contested in court. If you believe that a promulgated effluent guideline has been remanded for reconsideration by a court and does not apply to your operations, you may check "no".

Item IIB

An effluent guideline is expressed in terms of production (or other measure of operation) if the limitation is expressed as mass of pollutant per operational parameter; for example, "pounds of BOD per cubic foot of logs from which bark is removed," or "pounds of TSS per megawatt hour of electrical energy consumed by smelting furnace". An example of a guideline not expressed in terms of a measure of operation is one which limits the concentration of pollutants.

Item IIC

This item must be completed only if you checked "yes" to item II.B. The production information requested here is necessary to apply effluent guidelines to your facility. Report quantities in the units of measurement used in the applicable effluent guideline. The production figures provided must be based on actual daily production and not on design capacity or on predictions of future operations.

Item III

Self explanatory.

Item IV

Self explanatory.

Item V-A, B, and C

These items require you to collect and report data on the pollutants discharged for each of your outfalls. Each part of this item addresses a different set of pollutants and must be completed in accordance with the specific instructions for that part. The following general instructions apply to the entire item.

General Instructions

Part A requires you to report at least one analysis for each pollutant listed. Parts B and C require you to report analytical data in two ways. For some pollutants, you may be required to mark "X" in the "Testing Required" column, and test (sample and analyze) and report the levels of the pollutants in your discharge whether or not you expect them to be present in your discharge. For all others, you must mark "X" in either the "Believe Present" column or the "Believe Absent" column based on your best estimate, and test for those which you believe to be present. (See specific instructions on the form and below for Parts A through C.) Base your determination that a pollutant is present in or absent from your discharge on your knowledge of your raw materials, maintenance chemicals, intermediate and final products, and by-products, and any previous analyses known to you of your effluent or similar effluent. (For example, if you manufacture pesticides, you should expect those pesticides to be present in contaminated storm water runoff.) If you would expect a pollutant to be present solely as a result of its presence in your intake water, you must mark "Believe Present" but you are not required to analyze for that pollutant.

- A. Reporting.** All levels must be reported as concentration and as total mass. You may report some or all of the required data by attaching separate sheets of paper instead of filling out pages 3 to 11 if the separate sheets contain all the required information. Use the following abbreviations in the columns headed "Units".

Concentration

ppm parts per million
 mg/l. milligrams per liter
 ppb parts per billion
 ug/l. micrograms per liter

Mass

lbs pounds

If you measure only one daily value, complete only the "Maximum Daily Values" columns and insert "1" into the "Number of Analyses" column. If requested you may be required to conduct additional analyses to further characterize your discharges. For composite samples, the daily value is the total mass or average concentration found in a composite sample taken over the operating hours of the facility during a 24-hour period; for grab samples, the daily value is the arithmetic or flow-weighted total mass or average concentration found in a series of at least four grab samples taken over the operating hours of the facility during a 24-hour period.

If you measure more than one daily value for a pollutant and those values are representative of your waste stream, you must report them. You also must determine the average of all values within the last year and report the concentration and mass under the "Long Term Average Values" columns and the total number of daily values under the "Number of Analyses" columns. Also, determine the average of all daily values taken during each calendar month, and report the highest average under the "Maximum 30-day Values" columns.

- B. Sampling.** The collection of samples for the reported analyses should be supervised by a person experienced in performing sampling of industrial wastewater. Any specific requirements contained in the applicable analytical methods must be followed for sample containers, sample preservation, holding times, the collection of duplicate samples, etc. The time when you sample should be representative of your normal operation, to the extent feasible, with all processes which contribute wastewater in normal operation, and with your treatment system operating properly with no system upsets. Samples must be collected during dry weather when the discharge is not influenced by storm water runoff. Samples should be collected from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present permit, or at any site adequate for the collection of a representative sample.

For pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, the volatile organics fraction of the GC/MS, and *Escherichia coli* (E. coli), grab samples must be used. For all other pollutants 24-hour composite samples must be used. However, a minimum of one grab sample may be taken for effluents from holding ponds or other impoundments with a retention period of greater than 24 hours. The Director may waive composite sampling for any outfall for which you demonstrate that use of an automatic sampler is infeasible and that a minimum of four grab samples will be representative of your discharge.

Data from samples taken in the past may be used, provided that:

- (i) All data requirements are met;
- (ii) Sampling was done no more than three years before submission; and
- (iii) All data are representative of the present discharge.
- (iv) Among the factors which would cause the data to be unrepresentative are significant changes in production level, changes in raw materials, processes, or final products, and changes in wastewater treatment. The Director may request additional information, including current quantitative data, if she or he determines it to be necessary to assess your discharges.

C. Analysis: You must use test methods promulgated in 40 CFR Part 136; however, if none has been promulgated for a particular pollutant, you may use any suitable method for measuring the level of the pollutant in your discharge. Samples collected after October 1, 1996 must be analyzed by a laboratory certified in the State of Iowa to perform the required analysis except for pH, residual chlorine, dissolved oxygen, settleable solids and other pollutants that must be analyzed immediately upon collection of the sample. If you have two or more substantially identical outfalls, you may request permission to sample and analyze only one outfall and submit the results of the analysis for other substantially identical outfalls. If your request is granted, on a separate sheet attached to the application form, identify which outfall you did test, and describe why the outfalls which you did not test are substantially identical to the outfall which you did test.

D. Reporting of Intake Data: If you wish to demonstrate your eligibility for a "net" effluent limitation for one or more pollutants, that is, an effluent limitation adjusted by subtracting the average level of the pollutant(s) present in your intake water you must report the results of at least one analysis of your raw water for the pollutant(s). NPDES regulations allow net limitations only in certain circumstances. To demonstrate your eligibility, on a separate sheet of paper, report the average of the results of analyses on your intake water (if your water is treated before use, test the water after it is treated) and discuss the requirements for a net limitation with your permitting authority.

PART V-A

Part V-A must be completed by all applicants for all outfalls, including outfalls containing only noncontact cooling water. However, at your request, the Director may waive the requirements to test for one or more of these pollutants, upon a determination that available information is adequate to support issuance of the permit with less stringent reporting requirements for these pollutants.

Use composite samples for all pollutants in this Part, except use grab samples for pH and temperature. See discussion in General Instructions to Item V for definitions of the columns in Part A. The "Long Term Average Values" column and "Maximum 30-day Values" column are not compulsory but should be filled out if data are available.

PART V-B

Part V-B must be completed by all applicants for all outfalls, including outfalls containing only noncontact cooling water. You must report quantitative data if the pollutant(s) in question is limited in an effluent limitations guideline either directly or indirectly, but expressly through limitation on an indicator (e.g., use of TSS as an indicator to control the discharge of iron and aluminum). For other discharged pollutants you must provide quantitative data or explain their presence in your discharge. Use composite samples for all pollutants you analyze for in this part, except use grab samples for residual chlorine, oil and grease, and *Escherichia coli* (E. coli). The "Long Term Average Values" column and "Maximum 30-day Values" column are not compulsory but should be filled out if data are available.

PART V-C

Table 1 lists the 34 "primary" industry categories in the left-hand column. For each outfall, if any of your processes which contribute wastewater falls into one of those categories, you must mark "X" in the "Testing Required" column and test for (1) all of the toxic metals, cyanide, and total phenols, and (2) the organic toxic pollutants contained in Table 1 applicable to your category, unless you qualify as a small business (see below). The organic toxic pollutants are listed by GC/MS fractions on pages 6 to 11 in Part V-C. For example, the Organic Chemicals Industry has an "X" in all four fractions; therefore, applicants in this category must test for all organic toxic pollutants in Part V-C. The inclusion of total phenols in Part V-C is not intended to classify total phenols as a toxic pollutant. When you determine which industry category you are in to find your testing requirements, you are not determining your category for any other purpose and you are not giving up your right to challenge your inclusion in that category (for example, for deciding whether an effluent guideline is applicable) before your permit is issued. For all other cases (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), you must mark "X" in either the "Believed Present" column or the "Believed Absent" column for each pollutant. For every pollutant you know or have reason to believe is present in your discharge in concentrations of 10 ppb or greater, you must report quantitative data. For acrolein, acrylonitrile, 2,4 dinitrophenol, and 2-methyl-4, 6 dinitrophenol, where you expect these four pollutants to be discharged in concentrations of 100 ppb or greater, you must report quantitative data. For every pollutant expected to be discharged in concentrations less than the thresholds specified above, you must either submit quantitative data or briefly describe the reasons the pollutant is expected to be discharged. If you qualify as a small business (see below) you are exempt from testing for the organic toxic pollutants, listed on pages 6 to 11 in Part V-C. The "Long Term Average Values" column and "Maximum 30-day Values" column are not compulsory but should be filled out if data are available. You are required to mark "Testing Required" for dioxin if you use or manufacture one of the following compounds:

- (a) 2,4,5-trichlorophenoxy acetic acid, (2,4,5-T);
- (b) 2-(2,4,5-trichlorophenoxy) propanoic acid, (Silvex, 2,4,5-TP);
- (c) 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate, (Erbon);
- (d) O,O-dimethyl O-(2,4,5-trichlorophenyl) phosphorothioate, (Ronnell);
- (e) 2,4,5-trichlorophenol, (TCP); or
- (f) hexachlorophene, (HCP).

If you mark "Testing Required" or "Believed Present," you must perform a screening analysis for dioxins, using gas chromatography with an electron capture detector. A TCDD standard for quantitation is not required. Describe the results of this analysis in the space provided; for example, "no measurable baseline deflection at the retention time of TCDD" or "a measurable peak within the tolerances of the retention time of TCDD." The permitting authority may require you to perform a quantitative analysis if you report a positive result.

Small Business Exemption - If you are a "small business," you are exempt from the reporting requirements for the organic toxic pollutants listed in Part V-C. There are two ways in which you can qualify as a "small business":

- i. If your facility is a coal mine, and if your probable total annual production is less than 100,000 tons per year, you may submit past production data or estimated future production (such as a schedule of estimated total production under 30 CFR 795.14(c)) instead of conducting analyses for the organic toxic pollutants.
- ii. If your facility is not a coal mine, and if your gross total annual sales for the most recent three years average less than \$100,000 per year (in second quarter 1980 dollars), you may submit sales data for those years instead of conducting analyses for the organic toxic pollutants.

The production or sales data must be for the facility which is the source of the discharge. The data should not be limited to production or sales for the process or processes which contribute to the discharge, unless those are the only processes at your facility. For sales data, in situations involving intracorporate transfer of goods and services, the transfer price per unit should approximate market prices for those goods and services as closely as possible. Sales figures for years after 1980 should be indexed to the second quarter of 1980 by using the gross national product price deflator (second quarter of 1980=100). This index is available in National Income and Product Accounts of the United States (Department of Commerce, Bureau of Economic Analysis)

TABLE 1
TESTING REQUIREMENTS FOR ORGANIC PRIORITY POLLUTANTS

40 CFR Part Number	Industry Category	Production Based Guideline	GC/MS Fractions			
			Volatile	Acid	Base/Neutral	Pesticide
456	Adhesives and sealants		X	X	X	-
467	Aluminum forming	*	X	X	X	-
444	Auto and other laundries		X	X	X	X
461	Battery manufacturing	*	X	-	X	-
465	Coil coating		X	X	X	-
468	Copper forming		X	X	X	-
469	Electrical and electronic components		X	X	X	X
413	Electroplating		X	X	X	-
457	Explosives manufacturing		-	X	X	-
433	Metal finishing		X	X	X	-
464	Metal molding and casting	*	X	X	X	-
454	Gum and wood chemical manufacturing (Except subparts D and F)		X	X	-	-
	Subpart D - tall oil rosin		X	X	X	-
	Subpart F - rosin-based derivatives		X	X	X	-
415	Inorganic chemicals manufacturing		X	X	X	-
420	Iron and steel manufacturing	*	X	X	X	-
425	Leather tanning and finishing	*	X	X	X	-
471	Nonferrous metals forming		X	X	X	X
440	Ore mining and dressing		-	X	-	-
414	Organic chemicals, plastics and synthetic fibers		X	X	X	X
447	Paint formulating		X	X	X	-
446	Ink formulating		X	X	X	-
455	Pesticide chemicals	*	X	X	X	X
419	Petroleum refining		X	-	-	-
439	Pharmaceutical preparations		X	X	X	-
459	Photographic equipment and supplies		X	X	X	-
463	Plastics molding and forming		X	-	-	-
448	Printing and publishing		X	X	X	X
430	Pulp, paper and paperboard		-	-	-	-
428	Rubber processing		X	X	X	-
417	Soap and detergent manufacturing		X	X	X	-
423	Steam electric power plants	*	X	X	-	-
410	Textile mills (except Subpart C)		X	X	X	-
429	Timber products processing		X	X	O	X
	Subpart A		O	X	O	O
	Subparts B, C, D, R		O	X	O	O
	Subpart E		X	X	O	X
	Subparts F, G, H, I, K		X	X	O	O
	Subparts L, M, N, O, P		X	X	O	O
	Subparts J, U		X	X	X	O
	Subparts Q, S, T		X	X	O	X

* A production based effluent guideline has been promulgated by EPA in accordance with Section 402 of the Clean Water Act

GC/MS = Gas Chromatography/Mass Spectrometry

X = Testing required

- = Testing not required

O = Testing required only if believed present

TABLE 2
HAZARDOUS SUBSTANCES

1. Acetaldehyde	51. Benzene	101. Cupric tartrate
2. Acetic acid	52. Benzoic acid	102. Cyanogen chloride
3. Acetic anhydride	53. Benzonitrile	103. Cyclohexane
4. Acetone cyanohydrin	54. Benzoyl chloride	104. 2,4-D acid (2,4-Dichlorophenoxyacetic acid)
5. Acetyl bromide	55. Benzyl chloride	105. 2,4-D esters (2,4-Dichlorophenoxyacetic acid esters)
6. Acetyl chloride	56. Beryllium chloride	106. DDT
7. Acrolein	57. Beryllium fluoride	107. Diazanon
8. Acrylonitrile	58. Beryllium nitrate	108. Dicamba
9. Adipic acid	59. Butylacetate	109. Dichlobenil
10. Aldrin	60. n-Butylphthalate	110. Dichlone
11. Allyl alcohol	61. Butylamine	111. Dichlorobenzene
12. Allyl chloride	62. Autryic acid	112. Dichloropropane
13. Aluminum sulfate	63. Cadmium acetate	113. Dichloropropene
14. Ammonia	64. Cadmium bromide	114. Dichloropropene-dichloropropane mix
15. Ammonium acetate	65. Cadmium chloride	115. 2,2-Dichloropropionic acid
16. Ammonium benzoate	66. Calcium arsenate	116. Dichlorvos
17. Ammonium bicarbonate	67. Calcium arsenite	117. Dieldrin
18. Ammonium bichromate	68. Calcium carbide	118. Diethylamine
19. Ammonium bifluoride	69. Calcium chromate	119. Dimethylamine
20. Ammonium bisulfate	70. Calcium cyanide	120. Dinitrobenzene
21. Ammonium carbamate	71. Calcium dodecylbenzenesulfonate	121. Dinitrophenol
22. Ammonium carbonate	72. Calcium hypochlorite	122. Dinitrotoluene
23. Ammonium chloride	73. Captan	123. Diquat
24. Ammonium chromate	74. Carbaryl	124. Disulfoton
25. Ammonium citrate	75. Carbofuran	125. Diuron
26. Ammonium fluoborate	76. Carbon disulfide	126. Dodecylbenzenesulfonic acid
27. Ammonium fluoride	77. Carbon tetrachloride	127. Endosulfan
28. Ammonium hydroxide	78. Chlordane	128. Endrin
29. Ammonium oxalate	79. Chlorine	129. Epichlorohydrin
30. Ammonium silicofluoride	80. Chlorobenzene	130. Ethion
31. Ammonium sulfamate	81. Chloroform	131. Ethylbenzene
32. Ammonium sulfide	82. Chlorpyrifos	132. Ethylenediamine
33. Ammonium sulfite	83. Chlorosulfonic acid	133. Ethylene dibromide
34. Ammonium tartrate	84. Chromic acetate	134. Ethylene dichloride
35. Ammonium thiocyanate	85. Chromic acid	135. Ethylene diaminetetracetic acid (EDTA)
36. Ammonium thiosulfate	86. Chromic sulfate	136. Ferric ammonium citrate
37. Amyl acetate	87. Chromous chloride	137. Ferric ammonium oxalate
38. Aniline	88. Cobaltous chloride	138. Ferric chloride
39. Antimony pentachloride	89. Cobaltus bromide	139. Ferric fluoride
40. Antimony potassium tartrate	90. Cobaltous formate	140. Ferric nitrate
41. Antimony tribromide	91. Coumaphos	141. Ferric sulfate
42. Antimony trichloride	92. Cresol	142. Ferrous ammonium sulfate
43. Antimony trifluoride	93. Crotonaldehyde	143. Ferrous chloride
44. Antimony trioxide	94. Cupric acetate	144. Ferrous sulfate
45. Arsenic disulfide	95. Cupric acetoarsenite	145. Formaldehyde
46. Arsenic pentoxide	96. Cupric chloride	146. Formic acid
47. Arsenic trichloride	97. Cupric nitrate	147. Fumaric acid
48. Arsenic trioxide	98. Cupric oxalate	148. Furfural
49. Arsenic trisulfide	99. Cupric sulfate	149. Guthion
50. Barium cyanide	100. Cupric sulfate ammoniated	150. Heptachlor

TABLE 2
HAZARDOUS SUBSTANCES

151. Hexachlorocyclopentadiene	201. Nitrophenol	251. Sulfuric acid
152. Hydrochloric acid	202. Nitrotoluene	252. Sulfur monochloride
153. Hydrofluoric acid	203. Paraformaldehyde	253. 2,4,5-T acid (2,4,5-Trichlorophenoxyacetic acid)
154. Hydrogen cyanide	204. Parathion	254. 2,4,5-T amines (2,4,5-Trichlorophenoxyacetic acid amines)
155. Hydrogen sulfide	205. Pentachlorophenol	255. 2,4,5-T esters (2,4,5-Trichlorophenoxyacetic acid esters)
156. Isoprene	206. Phenol	256. 2,4,5-T salts (2,4,5-Trichlorophenoxyacetic acid salts)
157. Isopropanolamine	207. Phosgene	257. 2,4,5-TP acid (2,4,5-Trichlorophenoxy propanoic acid)
dodecylbenzenesulfonate	208. Phosphoric acid	258. 2,4,5-TP esters (2,4,5-Trichlorophenoxy propanoic esters)
158. Kelthane	209. Phosphorus	259. TDE (Tetrachlorodiphenyl ethane)
159. Kepone	210. Phosphorus oxychloride	260. Tetraethyl lead
160. Lead acetate	211. Phosphorus pentasulfide	261. Tetraethyl pyrophosphate
161. Lead arsenate	212. Phosphorus trichloride	262. Thallium sulfate
162. Lead chloride	213. Polychlorinated biphenyls (pcb's)	263. Toluene
163. Lead fluoroborate	214. Potassium arsenate	264. Toxaphene
164. Lead fluoride	215. Potassium arsenite	265. Trichlorofon
165. Lead iodide	216. Potassium bichromate	266. Trichloroethylene
166. Lead nitrate	217. Potassium chromate	267. Trichlorophenol
167. Lead strearate	218. Potassium cyanide	268. Triethanolamine
168. Lead sulfate	219. Potassium hydroxide	dodecylbenzenesulfonate
169. Lead sulfide	220. Potassium permanganate	269. Triethylamine
170. Lead thiocyanate	221. Propargite	270. Trimethylamine
171. Lindane	222. Propionic acid	271. Uranyl acetate
172. Lithium chromate	223. Propionic anhydride	272. Uranyl nitrate
173. Malathion	224. Propylene oxide	273. Vanadium pentoxide
174. Maleic acid	225. Pyrethrins	274. Vanadyl sulfate
175. Maleic anhydride	226. Quinoline	275. Vinyl acetate
176. Mercaptodimethur	227. Resorcinol	276. Vinylidene chloride
177. Mercuric cyanide	228. Selenium oxide	277. Xylene
178. Mercuric nitrate	229. Silver nitrate	278. Xylenol
179. Mercuric sulfate	230. Sodium	279. Zinc acetate
180. Mercuric thiocyanate	231. Sodium arsenate	280. Zinc ammonium chloride
181. Mercurous nitrate	232. Sodium arsenite	281. Zinc borate
182. Methoxychlor	233. Sodium bichromate	282. Zinc bromide
183. Methyl mercaptan	234. Sodium bifluoride	283. Zinc carbonate
184. Methyl methacrylate	235. Sodium bisulfite	284. Zinc chloride
185. Methyl parathion	236. Sodium chromate	285. Zinc cyanide
186. Mevinphos	237. Sodium cyanide	286. Zinc fluoride
187. Mexacarbate	238. Sodium dodecylbenzenesulfonate	287. Zinc formate
188. Monoethylamine	239. Sodium fluoride	288. Zinc hydrosulfide
189. Monomethylamine	240. Sodium hydrosulfide	289. Zinc nitrate
190. Naled	241. Sodium hydroxide	290. Zinc phenolsulfonate
191. Naphthalene	242. Sodium hypochlorite	291. Zinc phosphide
192. Naphthenic acid	243. Sodium methylate	292. Zinc silicofluoride
193. Nickel ammonium sulfate	244. Sodium nitrite	293. Zinc sulfate
194. Nickel chloride	245. Sodium phosphate (dibasic)	294. Zirconium nitrate
195. Nickel hydroxide	246. Sodium phosphate (tribasic)	295. Zirconium potassium fluoride
196. Nickel nitrate	247. Sodium selenite	296. Zirconium sulfate
197. Nickel sulfate	248. Strontium chromate	297. Zirconium tetrachloride
198. Nitric acid	249. Strychnine	
199. Nitrobenzene	250. Styrene	
200. Nitrogen dioxide		